

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	LS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Nh	12/289	2/12/01
RESPONSE FORMALITY REVIEW			

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..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

INDEX OF CLAIMS

Claim	Date
Final Original	
1	12/28/01
2	12/28/01
3	12/28/01
4	12/28/01
5	12/28/01
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50	12/28/01

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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